UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK



JESSICA SZADO + OBIO J.P.S.R.

Write the full name of each plaintiff.

.....<u>3693</u>

(To be filled out by Clerk's Office)

-against-

COMPLAINT

CHEN, J.

(Prisoner)

BLOOM, M.J.

ent of Corrections. Doy

Do you want a jury trial?

☐ Yes ☐ No

Sanele Hyer-Spencer, Jane 0085 1-11,

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an

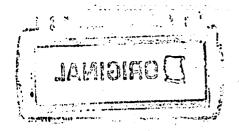
names listed above must be identical to those contained in Section IV.

additional sheet of paper with the full list of names. The

PRO SE OFFICE

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.



OHEN, J. BLOOM, MJ.

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State below the federal legal basis for your claim, if known. This form is designed primarily for

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prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).
☑ Violation of my federal constitutional rights
1 Other: Anewcars Act with Disabilities
II. PLAINTIFF INFORMATION
Each plaintiff must provide the following information. Attach additional pages if necessary.
Jessica C. Szabo
First Name Middle Initial Last Name
AKA JESSTEA CORANAM COREVIOUSLY Known as JESSTEA State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)
RIKERS ISLAND ROBE M. SINGER CENTER Current Place of Detention
19-19 HAZEN STREET Institutional Address
County, City State Zip Code
III. PRISONER STATUS
Indicate below whether you are a prisoner or other confined person:
☐ Pretrial detainee
☐ Civilly committed detainee
Immigration detainee
Convicted and sentenced prisoner
Other: Detainee

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	City of	new york	NIA		
	First Name	Last Name	Shield #		
	NIA				
	Current Job Title (or other identifying information)				
	100 Church Street				
	Current Work Addre	ess	1- 0		
	<u>Ny.</u>	<u> </u>	1000+		
	County, City	Słate	Zip Code		
Defendant 2:	Stale S	L New YOR	K N/A		
	First Name	C Last Name (Shield #		
	A) 1A				
	Current Job Title (or	r other identifying information)		
	120 hardway 24th 1				
	Current Work Addre	ess			
	N-U.	N.U.	10271		
	County, City	State	Zip Code		
Defendant 3:	The new york	K City Demether	+ of Connections		
Defendant 3:	The New York First Name	K City Department Last Name	t of Corrections Shield#		
Defendant 3:		. 1			
Defendant 3:	First Name	Last ¹ Name ¹	Shield #		
Defendant 3:	First Name	Last Name 1	Shield #		
Defendant 3:	First Name	Last Name 1 r other identifying information Zen Shallt	Shield #		
Defendant 3:	First Name NA Current Job Title (or 19-19 Ha	Last Name 1 r other identifying information Zeo Shout	Shield #		
Defendant 3:	First Name NA Current Job Title (or 19-19 Ha	Last Name 1 r other identifying information Zen Shallt	Shield #		
	First Name A Current Job Title (or 19 19 Current Work Addre	Last Name 1 r other identifying information Zen Shuet ess huest Queens State	Shield# D-4-11370 Zip Code		
Defendant 3: Defendant 4:	First Name A Current Job Title (or 19 19 Current Work Addre	Last Name 1 r other identifying information Zen Shuut ess huest Queens	Shield# D-4-11370 Zip Code		
	First Name NA Current Job Title (or 19-19 Hor Current Work Addres East Elmi County, City Janele	Last Name 1 r other identifying information Zen Stalet hurst Queens State Last Name	Shield# N-4-11370 Zip Code R N/A		
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18 Richmand Toerrace S. I. N. y. 10301. Detendant 12-19: Sane DOPS 4-11 employed as an "Officer" located at 78 hichmond Terrace 5.I., N. y. 10301, Defendant II: 50hr DOE if employed as an "office " located at 78 Richmand Teckall 5.I. N. 4. 10301, to bytool "A37A10" up 20 bapologed as an "Office" located at 10501. P.U. I. & DELLOSOI, S.T. , W. 4. 10301, to betood " Feet" up 30 hospolders I 300 não : 8 + 100 popol (10501. 4.4, I.d. 1924 that though 26 to Dependent 6-7: Jone 10085 2-3 employed as au "Officer" located 10501. P. U. I. 2. 17th taut they 26 to behard 5: Zone 200 I employed as an "Segt" located

Additional Defendant Intornation!

V. STATEMENT OF CLAIM

Place(s) of occurrence: 25 Hyatt St. S.I., N.Y. 10301 4 P. +

78 Richmond TERRECE S.I., N.Y. 10301

Date(s) of occurrence: April 16th 16th + 17th 2016

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

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The 120 PCT. On 4/16/16 John DOES 2-3 refused to Transport
The Plaintiff to Criminal Court located in Richmond Country to appear
before a Judge. Jane DOE 6 aggressively pushed the Plaintiff into
the Cell block and the Plaintiff's head was banged into the Cell
block. The night of 4/16/16 John DOE 8 and Jane DOE 7 escorted
The Plaintiff to the Arrest process room to be finger printed and have ben
photo tellon. John DE 8 and Jane DOE 7 + 8 escorted the Plaintiff back
to the Cell block where Jane DOE 8 aggressively pulled the Plaintiff down
two flights of stairs and up two flights of stairs which handcuffed
INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Causing physical injuries. The Plaintiff fell straight down on both Knees and lacenated her left foot. John DOE I refused to interven. The Plaintiff was then physically pushed by Jone DOE 8 into the call block while handcutted and left handcutted in the cell causing fuether injuries and poin + discomfort to her hands and weists. Defondants Jane DOES 9-11 Kept the Plaintiff handcutted and transported the Plaintiff to Richmond Country Creininal Court on 4117/116.

State briefly what money damages or other relief you want the court to order.

DWaike all fees. DASSIGN Counsel 3) BAR the Defendants from TEPROCIONS, the Plaintiff 4) BAR the Defendants from tempering with the Plaintiffs identy, and Court Records + Orders, 5) BAK the Defendants from harassing and stalking the Plaintiff DBAR the Defendants from Terrorizing, the Plaintiff J.P.S.R., 7) BAR the Defendants from Depriving the Plaintiff J.P.S.R., 7) BAR the Defendants from assauthing the Plaintiffs from their nights, 8) BAK the Defendants from assauthing the Plaintiffs amest process + 10) ORDER the Defendants to pay the Plaintiffs \$20,000,000.00 each from each defendants in BAR the Defendants from being arrivated with the matia, 12) order the Defendants to So under a full annual Psychosical evaluations and Leck treating Page 5 13) order ALL Law Entricements across the USA to mandatory was as this lovert Seems proper and justificat.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

First Name Middle Initial Last Name

19-19 Hazen Street

East Elmhurst, Quens W. 4. 11370
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: